

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213522428			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Summit Community Bank, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DENNIS SNYDER 224 SOUTH MAIN STREET HARRISONBURG, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: WV</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2013</p> <p>SCC ID NO: F1712274</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: P.O. BOX 680 310 NORTH MAIN STREET</p> <p style="text-align: center;">CITY/ST/ZIP: MOOREFIELD, WV 26836</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PHOEBE F HEISHMAN TITLE: SECRETARY ADDRESS: PO BOX 380 CITY/ST/ZIP/CO: MOOREFIELD, WV 26836 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PHOEBE F HEISHMAN TITLE: SECRETARY ADDRESS: PO BOX 380 CITY/ST/ZIP/CO: MOOREFIELD, WV 26836	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	JOHN W CRITES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	564 POINT DRIVE		
CITY/ST/ZIP/CO:	PETERSBURG, WV 26847		
NAME:	JAMES P. GEARY, II	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 218		
CITY/ST/ZIP/CO:	PETERSBURG, WV 26847		
NAME:	GEORGETTE GEORGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 Second Avenue		
CITY/ST/ZIP/CO:	CHARLESTON, WV 25303		
NAME:	THOMAS J. HAWSE, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 602		
CITY/ST/ZIP/CO:	MOOREFIELD, WV 26836		
NAME:	GARY L. HINKLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 65		
CITY/ST/ZIP/CO:	CIRCLEVILLE, WV 26804		
NAME:	JEFFREY E. HOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3293 PETERSBURG PIKE		
CITY/ST/ZIP/CO:	FRANKLIN, WV 26807		
NAME:	GERALD W. HUFFMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3330 FRANKLIN PIKE		
CITY/ST/ZIP/CO:	PETERSBURG, WV 26847		
NAME:	H. CHARLES MADDY, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	530 ROLLING ACRES RD		
CITY/ST/ZIP/CO:	OLD FIELDS, WV 26845		
NAME:	DUKE A. MCDANIEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 417		
CITY/ST/ZIP/CO:	PETERSBURG, WV 26847		
NAME:	G.R. OURS, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	222 JUDY STREET		
CITY/ST/ZIP/CO:	PETERSBURG, WV 26847		
NAME:	GEORGE PACE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	503 FAIRWAY DRIVE		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22802		

NAME:	CHARLES PICCIRILLO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 38		
CITY/ST/ZIP/CO:	MADISON, WV 25130		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ H. CHARLES MADDY, III	H. CHARLES MADDY, III,	5/13/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			